



REQUEST FOR RE-EVALUATION OF TRANSFER COURSE

STUDENT NAME _____ STUDENT ID NO _____ DATE _____

ADDRESS: NUMBER _____ STREET _____ CITY _____ STATE _____ ZIP _____ PHONE _____

MACOMB COMMUNITY COLLEGE PROGRAM _____ CATALOG _____

I hereby request the following course from an accredited college or university be re-evaluated:

COURSE NO. _____ COURSE TITLE _____ CREDIT HOURS _____ COLLEGE/UNIVERSITY _____ DATE OF COURSE AND TERM _____

NOTE: The transfer course must already appear on student's academic record. Additional documentation may be required. Justification for this request is:

STUDENT'S SIGNATURE _____ DATE _____

(FOR OFFICE USE ONLY)

Macomb Course Equivalency:

COURSE NO. _____ COURSE TITLE _____ CREDIT HOURS _____

Rationale (If approved): _____

Rationale (If denied): _____

Table with 4 columns: Name, Signature, Date, Approval. Rows include FACULTY MEMBER, ASSOCIATE DEAN, DEAN, REGISTRAR.